

Wescom, Inc  
All Eligible Owners

BENEFIT HIGHLIGHTS

Discover new  
ways to protect  
what you love



**Sun Life**

Life's brighter under the sun



# Find your benefits here.



WESCOM, INC

POLICY/PLAN #: 972004

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

## **BENEFITS AT A GLANCE:**

- ▶ **Dental** to help maintain healthy smiles and better overall health, too.
- ▶ **Voluntary Life insurance** to protect your family if something happens to you.
- ▶ **Short-Term Disability insurance** that pays a portion of your income if a covered disability means you can't work.
- ▶ **Long-Term Disability insurance** to protect your savings - once your claim is approved - when you can't work for an extended time.

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# Dental

## COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Child braces

### ▶ PROTECTS YOUR SMILE.

You can feel more confident with a dental plan that encourages routine cleanings and checkups. A dental plan helps protect your teeth for a lifetime.

### ▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

### ▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

## HOW CAN DENTAL CARE HELP?

*Gum disease may cause tooth loss and may be linked to other health problems such as heart disease and diabetes.<sup>1</sup>*

*Brushing, flossing, and seeing your dentist regularly can help reduce the impact of gum disease.<sup>2</sup>*

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,500 per person (includes Preventive Rewards)	\$1,500 per person (includes Preventive Rewards)
Type IV Ortho Service	\$1,000 lifetime per child	\$1,000 lifetime per child

Services performed by in-network and out-of-network providers share the same deductible application and benefit maximums.

### CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

### THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	55%	50%
Type IV Ortho Services	50%	50%

## SERVICES

### Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any benefit year
- Routine dental cleanings – 2 in any benefit year (frequency combined with periodontal maintenance)
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 14
- Space maintainers – *only for children under age 19*
- Bitewing x-rays – 1 in any 12 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

### Type II Basic Dental Services, including:

- New fillings
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 2 in any benefit year (frequency combined with routine dental cleanings)
- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

### Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit
- Stainless steel crowns– *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in any 10 year period
- Dental implants – subject to 10 year replacement limit
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Complex oral surgery

### Type IV Ortho Services, including:

- Orthodontic treatment is limited to your dependent children

### Waiting Periods

For a complete description of services and waiting periods, please review your plan document. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- No waiting period for orthodontic services

# Frequently asked questions

## How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

## How do I find a dentist?

Simply visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 145,000+ unique dentists<sup>3</sup>.

## Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

## Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>4</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>5</sup>

## What if my spouse and I work for the same employer?

Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

## What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

## Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life  
PO Box 311  
Milwaukee, WI 53201-0311

## How can I get more information about my coverage or find my dental ID card?

1. Provided for informational purposes only. For further details you should talk to your dental provider.
2. Provided for informational purposes only. For further details you should talk to your dental provider.
3. Sun Life's dental networks include its affiliate, Dental Health Care Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.
4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
5. Please see your employer for more specific information.

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to [www.sunlife.com/account](http://www.sunlife.com/account) and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

## What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.

Your plan also includes Preventive Rewards so you can get up to \$1250 added to your annual maximum for the next year. The amount added is based on your paid claims for preventive services during the prior year.

## When should I consider a pre-determination of benefits?

We recommend them for any dental treatment expected to exceed \$500. Pre-determinations allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover.

Read the *Important information* section for more details including limitations and exclusions

# Dental plan provisions

## Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

## Late entrant

If you or a dependent apply for dental coverage more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 12 months for late entrants will be limited as follows:

TIME COVERED CONTINUOUSLY UNDER THE PLAN	BENEFITS PROVIDED FOR ONLY THESE SERVICES
Less than 6 months	Preventive Services
At least 6 months but less than 12 months	Preventive Services and fillings under Basic Services
At least 12 months	Preventive, Basic, Major and Ortho Services

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

# Voluntary Life Insurance

## ▶ MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## ▶ HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

### BENEFITS (You can purchase this coverage at a group rate.)

<p><b>For you*</b></p>	<p>You can choose from <b>\$10,000 to \$500,000</b>—in increments of \$10,000 <b>not to exceed 5 times</b> your Basic Annual Earnings. No medical questions asked <b>up to the Guaranteed Issue amount of \$150,000</b>.</p> <p>Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.</p>
<p><b>For your spouse*</b></p>	<p>If you elect coverage for yourself, you can choose from <b>\$5,000 to \$250,000</b>—in increments of \$5,000. No medical questions asked <b>up to the Guaranteed Issue amount of \$50,000</b>.</p> <p>The amount you select for your spouse cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate.</p>
<p><b>For your child(ren)*</b></p>	<p>If you elect coverage for yourself, you can choose <b>\$10,000</b>. No medical questions asked.</p> <p>The amount you select for your child(ren) cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.</p> <p>A full benefit is payable for a dependent child who is 6 months to 26. A reduced benefit of \$250 is payable for a child from 14 days to 6 months. (No benefit is payable for a child from birth to 14 days).</p>

**\*This coverage includes Accidental Death and Dismemberment insurance.**

## Frequently asked questions

### **What is my AD&D benefit?**

We will pay your beneficiaries an Accidental Death insurance amount that matches your Voluntary Life, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries. This plan includes AD&D coverage for your dependents.

### **Do I need to answer any health questions to enroll?**

Yes, if you request an initial amount higher than the Guaranteed Issue amount or if you want to increase coverage in excess of one increment annually. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

### **Can I increase my coverage at a later date?**

Yes. You may increase your coverage by one increment amount annually, without having to answer health questions, even if the increase means that your coverage exceeds the Guaranteed Issue amount. Your benefits administrator can advise you on how to increase coverage annually. The maximum benefit amount still applies.

### **What if my spouse and I work for the same employer?**

Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

### **Can I take my insurance with me if I leave my employer?**

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### **Can I access my life insurance if I become terminally ill?**

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

### **What happens if I become Totally Disabled?**

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

### **How does my beneficiary file a death claim?**

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the *Important information* section for more details including limitations and exclusions.

# Rates

**Employee** - Coverage and **monthly** cost for Employee Voluntary Life and AD&D.

Rates are effective as of January 1, 2026.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Coverage amounts	Age and cost												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	1.60	1.60	1.80	2.10	2.90	4.60	7.20	11.00	16.90	30.00	53.30	87.60	176.90
\$20,000	3.20	3.20	3.60	4.20	5.80	9.20	14.40	22.00	33.80	60.00	106.60	175.20	353.80
\$30,000	4.80	4.80	5.40	6.30	8.70	13.80	21.60	33.00	50.70	90.00	159.90	262.80	530.70
\$40,000	6.40	6.40	7.20	8.40	11.60	18.40	28.80	44.00	67.60	120.00	213.20	350.40	707.60
\$50,000	8.00	8.00	9.00	10.50	14.50	23.00	36.00	55.00	84.50	150.00	266.50	438.00	884.50
\$60,000	9.60	9.60	10.80	12.60	17.40	27.60	43.20	66.00	101.40	180.00	319.80	525.60	1061.40
\$70,000	11.20	11.20	12.60	14.70	20.30	32.20	50.40	77.00	118.30	210.00	373.10	613.20	1238.30
\$80,000	12.80	12.80	14.40	16.80	23.20	36.80	57.60	88.00	135.20	240.00	426.40	700.80	1415.20
\$90,000	14.40	14.40	16.20	18.90	26.10	41.40	64.80	99.00	152.10	270.00	479.70	788.40	1592.10
\$100,000	16.00	16.00	18.00	21.00	29.00	46.00	72.00	110.00	169.00	300.00	533.00	876.00	1769.00
\$110,000	17.60	17.60	19.80	23.10	31.90	50.60	79.20	121.00	185.90	330.00	586.30	963.60	1945.90
\$120,000	19.20	19.20	21.60	25.20	34.80	55.20	86.40	132.00	202.80	360.00	639.60	1051.20	2122.80
\$130,000	20.80	20.80	23.40	27.30	37.70	59.80	93.60	143.00	219.70	390.00	692.90	1138.80	2299.70
\$140,000	22.40	22.40	25.20	29.40	40.60	64.40	100.80	154.00	236.60	420.00	746.20	1226.40	2476.60
\$150,000	24.00	24.00	27.00	31.50	43.50	69.00	108.00	165.00	253.50	450.00	799.50	1314.00	2653.50
\$160,000	25.60	25.60	28.80	33.60	46.40	73.60	115.20	176.00	270.40	480.00	852.80	1401.60	2830.40
\$170,000	27.20	27.20	30.60	35.70	49.30	78.20	122.40	187.00	287.30	510.00	906.10	1489.20	3007.30
\$180,000	28.80	28.80	32.40	37.80	52.20	82.80	129.60	198.00	304.20	540.00	959.40	1576.80	3184.20
\$190,000	30.40	30.40	34.20	39.90	55.10	87.40	136.80	209.00	321.10	570.00	1012.70	1664.40	3361.10
\$200,000	32.00	32.00	36.00	42.00	58.00	92.00	144.00	220.00	338.00	600.00	1066.00	1752.00	3538.00
\$210,000	33.60	33.60	37.80	44.10	60.90	96.60	151.20	231.00	354.90	630.00	1119.30	1839.60	3714.90
\$220,000	35.20	35.20	39.60	46.20	63.80	101.20	158.40	242.00	371.80	660.00	1172.60	1927.20	3891.80
\$230,000	36.80	36.80	41.40	48.30	66.70	105.80	165.60	253.00	388.70	690.00	1225.90	2014.80	4068.70
\$240,000	38.40	38.40	43.20	50.40	69.60	110.40	172.80	264.00	405.60	720.00	1279.20	2102.40	4245.60
\$250,000	40.00	40.00	45.00	52.50	72.50	115.00	180.00	275.00	422.50	750.00	1332.50	2190.00	4422.50
\$260,000	41.60	41.60	46.80	54.60	75.40	119.60	187.20	286.00	439.40	780.00	1385.80	2277.60	4599.40
\$270,000	43.20	43.20	48.60	56.70	78.30	124.20	194.40	297.00	456.30	810.00	1439.10	2365.20	4776.30
\$280,000	44.80	44.80	50.40	58.80	81.20	128.80	201.60	308.00	473.20	840.00	1492.40	2452.80	4953.20
\$290,000	46.40	46.40	52.20	60.90	84.10	133.40	208.80	319.00	490.10	870.00	1545.70	2540.40	5130.10
\$300,000	48.00	48.00	54.00	63.00	87.00	138.00	216.00	330.00	507.00	900.00	1599.00	2628.00	5307.00
\$310,000	49.60	49.60	55.80	65.10	89.90	142.60	223.20	341.00	523.90	930.00	1652.30	2715.60	5483.90
\$320,000	51.20	51.20	57.60	67.20	92.80	147.20	230.40	352.00	540.80	960.00	1705.60	2803.20	5660.80
\$330,000	52.80	52.80	59.40	69.30	95.70	151.80	237.60	363.00	557.70	990.00	1758.90	2890.80	5837.70
\$340,000	54.40	54.40	61.20	71.40	98.60	156.40	244.80	374.00	574.60	1020.00	1812.20	2978.40	6014.60
\$350,000	56.00	56.00	63.00	73.50	101.50	161.00	252.00	385.00	591.50	1050.00	1865.50	3066.00	6191.50
\$360,000	57.60	57.60	64.80	75.60	104.40	165.60	259.20	396.00	608.40	1080.00	1918.80	3153.60	6368.40
\$370,000	59.20	59.20	66.60	77.70	107.30	170.20	266.40	407.00	625.30	1110.00	1972.10	3241.20	6545.30
\$380,000	60.80	60.80	68.40	79.80	110.20	174.80	273.60	418.00	642.20	1140.00	2025.40	3328.80	6722.20
\$390,000	62.40	62.40	70.20	81.90	113.10	179.40	280.80	429.00	659.10	1170.00	2078.70	3416.40	6899.10
\$400,000	64.00	64.00	72.00	84.00	116.00	184.00	288.00	440.00	676.00	1200.00	2132.00	3504.00	7076.00
\$410,000	65.60	65.60	73.80	86.10	118.90	188.60	295.20	451.00	692.90	1230.00	2185.30	3591.60	7252.90
\$420,000	67.20	67.20	75.60	88.20	121.80	193.20	302.40	462.00	709.80	1260.00	2238.60	3679.20	7429.80
\$430,000	68.80	68.80	77.40	90.30	124.70	197.80	309.60	473.00	726.70	1290.00	2291.90	3766.80	7606.70
\$440,000	70.40	70.40	79.20	92.40	127.60	202.40	316.80	484.00	743.60	1320.00	2345.20	3854.40	7783.60
\$450,000	72.00	72.00	81.00	94.50	130.50	207.00	324.00	495.00	760.50	1350.00	2398.50	3942.00	7960.50
\$460,000	73.60	73.60	82.80	96.60	133.40	211.60	331.20	506.00	777.40	1380.00	2451.80	4029.60	8137.40
\$470,000	75.20	75.20	84.60	98.70	136.30	216.20	338.40	517.00	794.30	1410.00	2505.10	4117.20	8314.30
\$480,000	76.80	76.80	86.40	100.80	139.20	220.80	345.60	528.00	811.20	1440.00	2558.40	4204.80	8491.20
\$490,000	78.40	78.40	88.20	102.90	142.10	225.40	352.80	539.00	828.10	1470.00	2611.70	4292.40	8668.10
\$500,000	80.00	80.00	90.00	105.00	145.00	230.00	360.00	550.00	845.00	1500.00	2665.00	4380.00	8845.00

# Rates

**Spouse** - Coverage and **monthly** cost for Spouse Voluntary Life and AD&D.

Rates are effective as of January 1, 2026.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the employee's age.

Coverage amounts	Age and cost												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$5,000	0.80	0.80	0.90	1.05	1.45	2.30	3.60	5.50	8.45	15.00	26.65	43.80	88.45
\$10,000	1.60	1.60	1.80	2.10	2.90	4.60	7.20	11.00	16.90	30.00	53.30	87.60	176.90
\$15,000	2.40	2.40	2.70	3.15	4.35	6.90	10.80	16.50	25.35	45.00	79.95	131.40	265.35
\$20,000	3.20	3.20	3.60	4.20	5.80	9.20	14.40	22.00	33.80	60.00	106.60	175.20	353.80
\$25,000	4.00	4.00	4.50	5.25	7.25	11.50	18.00	27.50	42.25	75.00	133.25	219.00	442.25
\$30,000	4.80	4.80	5.40	6.30	8.70	13.80	21.60	33.00	50.70	90.00	159.90	262.80	530.70
\$35,000	5.60	5.60	6.30	7.35	10.15	16.10	25.20	38.50	59.15	105.00	186.55	306.60	619.15
\$40,000	6.40	6.40	7.20	8.40	11.60	18.40	28.80	44.00	67.60	120.00	213.20	350.40	707.60
\$45,000	7.20	7.20	8.10	9.45	13.05	20.70	32.40	49.50	76.05	135.00	239.85	394.20	796.05
\$50,000	8.00	8.00	9.00	10.50	14.50	23.00	36.00	55.00	84.50	150.00	266.50	438.00	884.50
\$55,000	8.80	8.80	9.90	11.55	15.95	25.30	39.60	60.50	92.95	165.00	293.15	481.80	972.95
\$60,000	9.60	9.60	10.80	12.60	17.40	27.60	43.20	66.00	101.40	180.00	319.80	525.60	1061.40
\$65,000	10.40	10.40	11.70	13.65	18.85	29.90	46.80	71.50	109.85	195.00	346.45	569.40	1149.85
\$70,000	11.20	11.20	12.60	14.70	20.30	32.20	50.40	77.00	118.30	210.00	373.10	613.20	1238.30
\$75,000	12.00	12.00	13.50	15.75	21.75	34.50	54.00	82.50	126.75	225.00	399.75	657.00	1326.75
\$80,000	12.80	12.80	14.40	16.80	23.20	36.80	57.60	88.00	135.20	240.00	426.40	700.80	1415.20
\$85,000	13.60	13.60	15.30	17.85	24.65	39.10	61.20	93.50	143.65	255.00	453.05	744.60	1503.65
\$90,000	14.40	14.40	16.20	18.90	26.10	41.40	64.80	99.00	152.10	270.00	479.70	788.40	1592.10
\$95,000	15.20	15.20	17.10	19.95	27.55	43.70	68.40	104.50	160.55	285.00	506.35	832.20	1680.55
\$100,000	16.00	16.00	18.00	21.00	29.00	46.00	72.00	110.00	169.00	300.00	533.00	876.00	1769.00
\$105,000	16.80	16.80	18.90	22.05	30.45	48.30	75.60	115.50	177.45	315.00	559.65	919.80	1857.45
\$110,000	17.60	17.60	19.80	23.10	31.90	50.60	79.20	121.00	185.90	330.00	586.30	963.60	1945.90
\$115,000	18.40	18.40	20.70	24.15	33.35	52.90	82.80	126.50	194.35	345.00	612.95	1007.40	2034.35
\$120,000	19.20	19.20	21.60	25.20	34.80	55.20	86.40	132.00	202.80	360.00	639.60	1051.20	2122.80
\$125,000	20.00	20.00	22.50	26.25	36.25	57.50	90.00	137.50	211.25	375.00	666.25	1095.00	2211.25
\$130,000	20.80	20.80	23.40	27.30	37.70	59.80	93.60	143.00	219.70	390.00	692.90	1138.80	2299.70
\$135,000	21.60	21.60	24.30	28.35	39.15	62.10	97.20	148.50	228.15	405.00	719.55	1182.60	2388.15
\$140,000	22.40	22.40	25.20	29.40	40.60	64.40	100.80	154.00	236.60	420.00	746.20	1226.40	2476.60
\$145,000	23.20	23.20	26.10	30.45	42.05	66.70	104.40	159.50	245.05	435.00	772.85	1270.20	2565.05
\$150,000	24.00	24.00	27.00	31.50	43.50	69.00	108.00	165.00	253.50	450.00	799.50	1314.00	2653.50
\$155,000	24.80	24.80	27.90	32.55	44.95	71.30	111.60	170.50	261.95	465.00	826.15	1357.80	2741.95
\$160,000	25.60	25.60	28.80	33.60	46.40	73.60	115.20	176.00	270.40	480.00	852.80	1401.60	2830.40
\$165,000	26.40	26.40	29.70	34.65	47.85	75.90	118.80	181.50	278.85	495.00	879.45	1445.40	2918.85
\$170,000	27.20	27.20	30.60	35.70	49.30	78.20	122.40	187.00	287.30	510.00	906.10	1489.20	3007.30
\$175,000	28.00	28.00	31.50	36.75	50.75	80.50	126.00	192.50	295.75	525.00	932.75	1533.00	3095.75
\$180,000	28.80	28.80	32.40	37.80	52.20	82.80	129.60	198.00	304.20	540.00	959.40	1576.80	3184.20
\$185,000	29.60	29.60	33.30	38.85	53.65	85.10	133.20	203.50	312.65	555.00	986.05	1620.60	3272.65
\$190,000	30.40	30.40	34.20	39.90	55.10	87.40	136.80	209.00	321.10	570.00	1012.70	1664.40	3361.10
\$195,000	31.20	31.20	35.10	40.95	56.55	89.70	140.40	214.50	329.55	585.00	1039.35	1708.20	3449.55
\$200,000	32.00	32.00	36.00	42.00	58.00	92.00	144.00	220.00	338.00	600.00	1066.00	1752.00	3538.00
\$205,000	32.80	32.80	36.90	43.05	59.45	94.30	147.60	225.50	346.45	615.00	1092.65	1795.80	3626.45
\$210,000	33.60	33.60	37.80	44.10	60.90	96.60	151.20	231.00	354.90	630.00	1119.30	1839.60	3714.90
\$215,000	34.40	34.40	38.70	45.15	62.35	98.90	154.80	236.50	363.35	645.00	1145.95	1883.40	3803.35
\$220,000	35.20	35.20	39.60	46.20	63.80	101.20	158.40	242.00	371.80	660.00	1172.60	1927.20	3891.80
\$225,000	36.00	36.00	40.50	47.25	65.25	103.50	162.00	247.50	380.25	675.00	1199.25	1971.00	3980.25
\$230,000	36.80	36.80	41.40	48.30	66.70	105.80	165.60	253.00	388.70	690.00	1225.90	2014.80	4068.70
\$235,000	37.60	37.60	42.30	49.35	68.15	108.10	169.20	258.50	397.15	705.00	1252.55	2058.60	4157.15
\$240,000	38.40	38.40	43.20	50.40	69.60	110.40	172.80	264.00	405.60	720.00	1279.20	2102.40	4245.60
\$245,000	39.20	39.20	44.10	51.45	71.05	112.70	176.40	269.50	414.05	735.00	1305.85	2146.20	4334.05
\$250,000	40.00	40.00	45.00	52.50	72.50	115.00	180.00	275.00	422.50	750.00	1332.50	2190.00	4422.50

# Rates

**Child** - Coverage and **monthly** cost for Child Voluntary Life and AD&D.

Rates are effective as of January 1, 2026.

The chart below shows possible coverage amounts and their **monthly** costs.

Coverage amounts	Cost per pay period
\$10,000	1.74

# Short-Term Disability Insurance

## COMMON CAUSES OF DISABILITY

- ✓ Pregnancy
- ✓ Injuries
- ✓ Joint disorders
- ✓ Back disorders
- ✓ Digestive disorders

### ▶ PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

### ▶ PROVIDES YOU WITH A WEEKLY CHECK.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

## BENEFITS (You can purchase this coverage at a group rate.)

<b>Weekly benefit after your claim is approved</b>	You will receive a check for your benefits on a weekly basis. It will replace <b>60%</b> of your Total Weekly Earnings, up to <b>\$1,000</b> each week.
<b>When benefits begin</b>	Benefits begin on the first day of disability if you are unable to work due to an injury and as soon as <b>8 days</b> from the date you are unable to work due to an illness.
<b>Benefits may be paid for</b>	Up to <b>13 weeks</b> , as long as you are still unable to work due to a covered disability.
<b>Additional plan information</b>	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related.

## SHORT-TERM DISABILITY FAST FACTS

**1 in 4 workers** will miss up to 3 months of work due to disability during their career.<sup>1</sup>

**More than three-quarters of workers** are living paycheck to paycheck.<sup>2</sup>

## Frequently asked questions

### **Do I need to answer any health questions to enroll?**

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability Application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

### **How do I file a Short-Term Disability claim?**

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

### **How do I qualify for benefits?**

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

### **What if I have a pre-existing condition?**

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for

drugs or medicine.

### **Can I work while I'm disabled?**

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

### **Will income from other sources affect my benefit?**

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

### **How is my benefit taxed?**

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. Realitycheckup.org, Council for Disability Awareness, 2018

2. "Living Paycheck to Paycheck is a Way of Life for Majority of U.S. Workers," CareerBuilder.com, Aug. 2017.

Read the *Important information* section for more details including limitations and exclusions.

# Rates

**Employee - monthly** rate for Short-Term Disability.

Rates are effective as of January 1, 2026.

Short-Term Disability coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Find your age bracket (as of the effective date of coverage) to see your rate.

Follow the example below to figure out your monthly and pay period costs.

Your age	Rate*
Under 25	\$0.351
25 - 29	\$0.369
30 - 34	\$0.319
35 - 39	\$0.428
40 - 44	\$0.450
45 - 49	\$0.501
50 - 54	\$0.702
55 - 59	\$0.671
60 - 64	\$0.996
65 - 69	\$0.941
70+	\$0.220

<b>Example weekly benefit (60% of earnings)</b>	<b>Divide by 10</b>	<b>Multiply by rate</b>	<b>Example monthly cost</b>	
\$350	/ 10 = 35	x 0.351	= \$12.29	
<b>Your weekly benefit (60% of earnings)</b>	<b>Divide by 10</b>	<b>Multiply by rate</b>	<b>Your monthly cost</b>	
\$	/ 10 =	x \$	= \$	
<b>Your monthly cost</b>	<b>Multiply by 12 months</b>	<b>Annual cost</b>	<b>Divide by your number of pay periods per year (ex: 12,24,26,52,etc.)</b>	<b>Your estimated cost per pay period</b>
\$	x 12	= \$	/	= \$

\*Contact your employer to confirm your part of the cost.

# Long-Term Disability Insurance

## COMMON CAUSES OF DISABILITY

- ✓ Musculoskeletal conditions
- ✓ Circulatory conditions
- ✓ Cancer
- ✓ Nervous system disorders
- ✓ Injuries

### ▶ HELPS YOU KEEP YOUR LIFE ON TRACK.

If you're unable to work because of a covered disability, Long-Term Disability insurance replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

### ▶ HELPS YOU RETURN TO WORK.

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

## BENEFITS (You can purchase this coverage at a group rate.)

Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will replace <b>60%</b> of your Total Monthly Earnings, up to <b>\$5,000</b> each month.
When benefits begin	Benefits begin as soon as <b>90 days</b> from the date of your disability.
Benefits may be paid for	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

## LONG-TERM DISABILITY FAST FACTS

**34.6 months**  
The length of the average long-term disability claim.<sup>1</sup>

You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.

## Frequently asked questions

### **Do I need to answer any health questions to enroll?**

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

### **How do I file a Long-Term Disability claim?**

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

### **How do I qualify for benefits?**

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

### **What if I have a pre-existing condition?**

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

### **Can I work while I'm disabled?**

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

### **Will income from other sources affect my benefit?**

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

### **How is my benefit taxed?**

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. "Chances of disability," Council for Disability Awareness, [disabilitycanhappen.org](http://disabilitycanhappen.org), last accessed April 2019.

Read the *Important information* section for more details including limitations and exclusions.

# Rates

**Employee - monthly** rate for Long-Term Disability.

Rates are effective as of January 1, 2026.

Long-Term Disability coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Find your age bracket (as of the effective date of coverage) to see your rate.

Follow the example below to figure out your monthly and pay period costs.

Your age	Rate*
Under 25	\$0.221
25 - 29	\$0.140
30 - 34	\$0.169
35 - 39	\$0.328
40 - 44	\$0.445
45 - 49	\$0.559
50 - 54	\$0.849
55 - 59	\$0.871
60 - 64	\$1.450
65 - 69	\$0.887
70+	\$0.803

<b>Example monthly earnings</b>	<b>Divide by 100</b>	<b>Multiply by rate</b>	<b>Example monthly cost</b>
\$2,500	/ 100 = 25	x 0.221	= \$5.53
<b>Your monthly earnings</b>	<b>Divide by 100</b>	<b>Multiply by rate</b>	<b>Your monthly cost</b>
\$	/ 100 =	x \$	= \$
<b>Your monthly cost</b>	<b>Multiply by 12 months</b>	<b>Annual cost</b>	<b>Divide by your number of pay periods per year (ex: 12,24,26,52,etc.)</b>
\$	x 12	= \$	/ = \$
			<b>Your estimated cost per pay period</b>

\*Contact your employer to confirm your part of the cost.

# Important information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.**

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

## Limitations and exclusions

Exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit.

This plan does not provide coverage for pediatric oral health services that satisfies the requirements for “minimum essential coverage” as defined by The Patient Protection and Affordable Care Act (PPACA).

### Life

In some states, your employer’s group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

### Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection. We will not pay a benefit for any accident or sickness covered by Workers’ Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

### Long-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated. Disability benefits may be limited for certain conditions.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, TDBPOLICY-2006, and TDI-POLICY.

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# Evidence of Insurability



## Frequently asked questions

### What is Evidence of Insurability?

Your group insurance policy may require Evidence of Insurability (EOI) for you and your dependents. Evidence of Insurability is a statement, or proof, of an employee's or dependent's medical history. We use it to determine whether or not we will provide the benefit you are requesting.

### What is the EOI application?

The EOI application is an application on which you and/or your dependent(s) answer "yes" or "no" to questions concerning certain medical conditions. If you answer "yes" to any question(s), you are required to provide specific details of the condition, such as pertinent dates, treatments, and names of physicians. In some cases, a paramedical examination may also be required.

### When do I need to submit an EOI application?

You may need to submit an EOI application, if you:

- apply for a coverage amount above the Guaranteed Issue amount,
- declined coverage for yourself or your dependent(s) within the initial eligibility period and are now applying for coverage, or
- enroll yourself or your dependent(s) and then subsequently elect to increase coverage.

Please refer to your benefit highlights page for complete information specific to your plan.

### What is the process for submitting an EOI application?

To be considered for coverage, you must complete an EOI application, either online or on paper.

### Submit your medical information online

It's the quick, easy, and smart way to submit EOI. And it's completely secure and confidential.

1. Have the following information ready:

- Your group policy number, location, and the amount of coverage for yourself and any dependents who require EOI, and
- Height, weight, and recent medical history for you and any dependents.

2. Go to [www.sunlife.com/account](http://www.sunlife.com/account)

- Under *My Benefits*, select a coverage
- On the right hand side, click on *Submit Evidence of Insurability (EOI)*, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life has received your EOI application. If you are approved, you may receive an approval e-mail that same day.

## Submit your medical information on paper

If you need a paper application, you can access a printable version at [www.sunlife.com/account](http://www.sunlife.com/account).

- Click *Where can I find a form?*
- From list of forms, select EOI Application

After Sun Life receives and processes your EOI application, you will receive either a final decision or pending notification. If your application is pending, you may be contacted to schedule a medical exam (at Sun Life's expense). Coverage subject to EOI will not go into effect until Sun Life approves your application in writing.

## How long does the approval process take?

As soon as we have received a completed online EOI application and as soon as the coverage amount is certified by your employer, often we can issue an approval within minutes and notify you or your employer via our online system or e-mail. For paper applications and applications that require review by a member of our medical underwriting team, the process usually takes five to seven business days. This time range is contingent on you returning a complete EOI application and our ability to obtain the necessary health information.

## How will I be notified if I am approved?

If you submit your EOI application online and are approved right away, you will receive an e-mail. If you submit your EOI application via fax or mail, a letter will be sent to your home notifying you of the approval.

## How will I be notified if I am denied?

If you are denied the requested coverage, a letter is sent to your home. This letter outlines why you were denied and gives you instructions on how you can appeal the decision.

## When does my coverage take effect?

Coverage is effective on the later of the date Sun Life approves your application in writing or the date your coverage is effective under your employer's group insurance policy, provided that you or your dependent(s) are eligible under the group policy.

## About privacy and security

In accordance with Sun Life's strict privacy practices, your answers to the Health History portion of the EOI application are completely confidential. Sun Life never shows them to your employer. Also, we do not share your e-mail address or other personal information with any third parties except as permitted or required by law. The website includes state-of-the-art security; any information entered is encrypted and transmitted using Secure Sockets Layer (SSL) technology.

These instructions on how to submit an Evidence of Insurability form apply only to life and disability policies.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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## Group Enrollment Form

Sun Life Assurance Company of Canada  
 One Sun Life Executive Park  
 Wellesley Hills, MA 02481

Employer use (check one):  New employee  Change  COBRA

### 1. General Information

<b>Employer Name</b> Wescom, Inc	<b>Account / Policy Number</b> 972004	<b>Location</b> <input type="text"/>
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### 2. Employee Information

<b>Employee's Full Legal Name (First, M.I., Last)</b> <input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b> <input type="text"/>
<b>Street Address</b> <input type="text"/>	<b>City</b> <input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip Code</b> <input type="text"/>
<b>Occupation</b> <input type="text"/>	<b>Eligibility Class (if applicable)</b> <input type="text"/>	<b>Social Security Number</b> <input type="text"/>	<b>Phone Number</b> <input type="text"/>
<b>Date employed:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date: <input type="text"/> Date: <input type="text"/>	<input type="checkbox"/> Return from layoff <input type="checkbox"/> Rehire	Date: <input type="text"/>
<b>Current Active Employment Type</b> <input type="text"/> # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<b>Earnings</b> \$ <input type="text"/> <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: <input type="text"/>		

### 3. Dependent Information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full legal name (First, M.I., Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

### 4. Benefit Elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

Elect	Refuse	Coverage	
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life and Accidental Death & Dismemberment (AD&D)	\$ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Voluntary Life and Accidental Death & Dismemberment (AD&D)	\$ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Child(ren) Voluntary Life and Accidental Death & Dismemberment (AD&D)	\$ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Short-Term Disability (STD)	\$ <input type="text"/>

#### 4. Benefit Elections (continued)

Elect   Refuse   Coverage

     Long-Term Disability (LTD)   \$

#### 5. Beneficiary Designation Information

##### Primary Beneficiary Designation

On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy. Designation applies to all coverages for which a beneficiary designation is required.

Primary Beneficiary(ies)

Percent share  
of proceeds\*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Phone number	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Phone number	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

\*Must equal 100%

##### Secondary Beneficiary Designation

On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if a primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)

Percent share  
of proceeds\*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Phone number	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Phone number	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

\*Must equal 100%

## 6. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability may be required.
- For Life, Short-Term Disability, and Long-Term Disability insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Life, Short-Term Disability, and Long-Term Disability benefits may require Evidence of Insurability.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada (Wellesley, MA).
- Coverages include limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X

Employee Signature

Today's Date

**To the Employee:** Make a copy of this form for your records before submitting it to your employer.

**To the Employer:** This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

Agent, Broker, and/or Enroller information:

Agent name	<input type="text"/>
Agent / Broker name	<input type="text"/>
Enroller name	<input type="text"/>

### Contact us



#### By mail

Sun Life  
One Sun Life Executive Park  
Wellesley Hills, MA 02481



[www.sunlife.com/us](http://www.sunlife.com/us)



Customer Service **800-247-6875** M-F 8:00 a.m.-8:00 p.m., ET



All areas must be completed or form will be returned.

1<sup>st</sup> application     
  Adding dependent     
 Effective date:

### 1. Employee information

Employer name <input type="text"/>		Plan number <input type="text"/>	Division number <input type="text"/>	
Part-time employment date (mm/dd/yyyy) <input type="text"/>		Full-time employment date (mm/dd/yyyy) <input type="text"/>		
Job title <input type="text"/>		Hours worked per week for this firm <input type="text"/>		
Employee name (first, middle initial, last) <input type="text"/>				<input type="checkbox"/> Male <input type="checkbox"/> Female
Street address <input type="text"/>		City <input type="text"/>	State <input type="text"/>	Zip code <input type="text"/>
Social Security number <input type="text"/>	Date of birth (mm/dd/yyyy) <input type="text"/>		<input type="checkbox"/> Single <input type="checkbox"/> Married	

### 2. Dependent information

List all dependents to be covered

Dependent's name (first, middle initial, last)	Date of birth (mm/dd/yyyy)	Relationship to employee
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. Coverage information

I am applying for:

- Employee Dental only
- Employee and Spouse Dental
- Employee and Child(ren) Dental
- Family Dental

I am not applying for the following eligible coverage(s):

<input type="checkbox"/> Employee Dental	Reason: <input type="text"/>
<input type="checkbox"/> Spouse Dental	Reason: <input type="text"/>
<input type="checkbox"/> Child(ren) Dental	Reason: <input type="text"/>

## 4. Signature and authorization

PLEASE READ CAREFULLY: I wish to apply for coverage under the dental plan administered by Sun Life Assurance Company of Canada. I authorize my employer to deduct premiums from my earnings.

I have reviewed the following treatment plan. I understand that I am responsible for all costs of dental treatment. When necessary, I may be asked to execute a HIPAA authorization form, allowing Sun Life Assurance Company of Canada to use and disclose protected health information. I have read or had read to me the fraud warning for my state.

Print name of authorized person <input type="text"/>	Phone number <input type="text"/>
Signature of authorized person X	E-mail address <input type="text"/>
Print name of authorized person <input type="text"/>	Phone number <input type="text"/>
Signature of authorized person X	E-mail address <input type="text"/>

FOR COMPANY USE ONLY:

Effective date <input type="text"/>	Date received <input type="text"/>
--	---------------------------------------

### Contact us

-  **By mail**  
Sun Life Assurance Company of Canada  
P.O. Box 981624  
El Paso, TX 79998-1624
-  **By fax**  
816-474-2422
-  [www.sunlife.com/us](http://www.sunlife.com/us)
-  Customer Service **800-247-6875** M-F 8:00 a.m.-8:00 p.m., ET

Administrative Services Only services for self-funded dental plans are administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York. In New York, they are administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

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▶ **TALK TO YOUR BENEFITS ADMINISTRATOR  
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



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